VENDOR APPLICATION*

Mail to:

Alabama Dept.of Finance Division of Purchasing PO Box 302620 Montgomery, AL 36130-2620

*Do not return this application to DMH/MR Contracts Office!!! Send to the address above.

Vendor Registration Information

NOTICE

Taxpayer Identification Number

You are required to use the precise legal name associated with your taxpayer identification number. If you are a sole proprietorship, you may use either your social security number or your employer identification number, but your own name must be in the title. For example, John Doe d/b/a/ Alabama Janitorial Service. IRS prefers social security number. Failure to use the legal name associated with your taxpayer number may result in the imposition of backup withholding of 31 % of each payment.

Foreign Corporations (out-of-state firms)

Alabama law provides that a foreign corporation (out-of-state company/firm) may not transact business in the state until it obtains a certificate of authority from the Secretary of State, Section 10-2B-15.01, Code of Alabama 1975. To obtain forms for a certificate of authority, contact the Secretary of State, Corporation Division, (334) 242-5324. By not having this certificate does not keep the vendor from receiving or submitting a bid.

Return Application to:

Division of Purchasing P.O. Box 302620 Montgomery, AL 36130-2620

Street Address:

Division of Purchasing RSA Union Bldg. 100 North Union Street, Suite 192 Montgomery, AL 36104

Application Instructions

Vendor List: Complete the application in its entirety and return to the Division of Purchasing. All entries must be printed in ink (legibly) or typewritten, other than signatures which must be manually signed. Retain a copy of the application and this booklet for your records.

Vendor Number: Enter your Federal Employer Identification Number. If you do not have a Federal Employer ID Number, enter your Social Security Number. One of these numbers is mandatory since it will control your purchasing records.

Business Information: Provide complete company name and addresses, contact persons, phone numbers and E-mail address in appropriate spaces for each address type. If one address entry is sufficient for all your requirements complete the General Address section only.

Business Ownership:

Small - Less than 50 employees or gross receipts less than \$1,000,000.00 per year. Independently owned and operated.

Minority and Women Owned - At least 51 % owned by one or more socially and economically disadvantaged individuals and whose management and daily business operations are controlled by one or more of those individuals.

Specific Minority Groups - Black (Negro); Hispanic (Mexican, Puerto Rican, Cuban, Central/South America, other Spanish origin, regardless of race); Asian (including Pacific Islander); American Indian (including Alaskan Native).

Factory Representative or Other Individual: If applicant is applying in own name, documentation must be submitted with application indicating authorization to sign contracts for the company or companies represented.

Application Changes: Changes to be in writing and signed by the individual who signed the application, or other designated individual.

Service Areas: Applicant must register either Statewide or County. To service the entire state, indicate in space provided. To service certain counties, list the county codes from the list provided.

Commodity Selection: Each product/service is assigned a Class/Subclass. Select the codes which most accurately describe the product or service being provided. Do not send brochures or product catalogs with the application. The State is not responsible for codes omitted or incorrectly submitted on your application.

A. Product Categories: Classes 005-898

B. Service Categories: Classes 905-990

Visit the Division of Purchasing Internet web site for a complete listing of the commodity selection.

This can be found in the "Vendor Registration" section of Purchasing's web site:

http://www.purchasing.state.al.us

ALABAMA COUNTY GEOGRAPHIC CODE

| 01 AUTAUGA | 24-DALLAS | 47-MARION |
|--------------|---------------|----------------|
| 02-BALDWIN | 25-DEKALB | 48-MARSHALL |
| 03-BARBOUR | 26-ELMORE | 49-MOBILE |
| 04-BIBB | 27-ESCAMBIA | 50-MONROE |
| 05-BLOUNT | 28-ETOWAH | 51-MONTGOMERY |
| 06-BULLOCK | 29-FAYETTE | 52-MORGAN |
| 07-BUTLER | 30-FRANKLIN | 53-PERRY |
| 08-CALHOUN | 31-GENEVA | 54-PICKENS |
| 09-CHAMBERS | 32-GREENE | 55-PIKE |
| 10-CHEROKEE | 33-HALE | 56-RANDOLPH |
| 1 1-CHILTON | 34-HENRY | 57-RUSSELL |
| 12-CHOCTAW | 35-HOUSTON | 58 SAINT CLAIR |
| 13-CLARKE | 36-JACKSON | 59 SHELBY |
| 14-CLAY | 37-JEFFERSON | 60 SUMTER |
| 15-CLEBURNE | 38-LAMAR | 61 TALLADEGA |
| 16-COFFEE | 39-LAUDERDALE | 62 TALLAPOOSA |
| 17-COLBERT | 40-LAWRENCE | 63 TUSCALOOSA |
| 18-CONECUH | 41-LEE | 64 WALKER |
| 19 COOSA | 42-LIMESTONE | 65 WASHINGTON |
| 20-COVINGTON | 43-LOWNDES | 66 WILCOX |
| 21-CRENSHAW | 44-MACON | 67 WINSTON |
| 22-CULLMAN | 45-MADISON | 68 STATEWIDE |
| 23-DALE | 46-MARENGO | |
| | | |

STATE OF ALABAMA DEPARTMENT OF FINANCE - DIVISION OF PURCHASING VENDOR APPLICATION

| COMPANY NAME | INDIVIDUAL NAME | | | |
|---|---|--|--|--|
| FEDERAL TAX NO. | SOCIAL SECURITY NO. | | | |
| GENERAL ADDRESS | SOLICITATION ADDRESS | | | |
| CITY STATE ZIP CONTACT PERSON: POSITION: PHONE () 800- FAX () EMAIL ADDRESS: | PHONE () 800- FAX () | | | |
| ORDER ADDRESS | PAYEE ADDRESS | | | |
| CITY STATE ZIP POSITION: PHONE () 800- FAX () EMAIL ADDRESS: | PHONE () 800- FAX () EMAIL ADDRESS: | | | |
| PERSON(S) AUTHORIZED TO SIGN BIDS, CONTRA | 2 | | | |
| ORGANIZATION CORPORATION (C) INDIVIDUAL (I) PARTNERSHOTHER (D) | HIP (P) GOVERNMENT (J) ASSOCIATION (A) | | | |
| PRESENT BUSINESS ESTABLISHED:YEARSM | ONTHS. NUMBER FULL TIME EMPLOYEES | | | |
| NAMES OF OWNERS, PARTNERS, ETC. | TITLE | | | |
| | E (MD) SM FEMALE (WA) LG FEMALE (WD) (XD) SM FEMALE (W) LG FEMALE (X) | | | |
| MANUFACTURE (1) RETAIL (2) WHOLESALE (3 CONSTRUCTION (6) OTHER (7) | | | | |
| | 003 \$250,000-\$1 MILLION ABOVE \$1 MILLION _ HISPANIC (H) AMERICAN INDIAN (I) | | | |

| ABILITY TO ACCEPT ELECTRONIC TRANSFER OF DATA PAYMENT | YES NO YES NO | |
|---|------------------|--|
| INTERNET WEBSITE ADDRESS: | | |
| APPLICANT'S NAME (TYPE OR PRINT) | TITLE | |
| APPLICANT'S SIGNATURE | DATE | |

PRODUCTS AND SERVICES

Go to www.purchasing.state.al.us for codes.

Evaluate all **classes (3-digit)** and **subclasses (2-digit)** carefully and select those which most accurately describe the products and/or services your firm provides. Attach additional sheet if needed.

| CLASS | SUB CLASS |
|-------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|--------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| RECEIVE E | BIDS STATE | NIDE? YES | NC |) | |
|-------------|------------|-------------|-------------|---|------|
| (IF NO, IND | ICATE COUN | TY CODES BE | ELOW) | | |
| | | | | | |
| | | | | | |
| | | | | | |